

STUDY SITE NUMBER:

SHIPPING ACCOUNTABILITY SHEET

FOR WRAIR STUDY 1514A

SPECIMEN DETAILS			
Specimen Description*: (Check all that apply)	<input type="checkbox"/> Nose Swab Specimens	<input type="checkbox"/> Throat Swab Specimens	<input type="checkbox"/> Other (describe)
	Count: _____	Count: _____	Count: _____

***NOTE: Provide packing list(s) of specimen numbers for each specimen type (i.e., Nose and Throat).**

SHIPPING DESTINATION			
Name & Title:	April Griggs, CM Supervisor		
Organization & Address:	WRAIR, Division of Viral Diseases	Phone:	(301) 319 - 9732
	503 Robert Grant Ave, Bldg. 503, Rm. 3A04	Fax:	(301) 319 - 9661
	Silver Spring, MD 20910 USA	Email:	April.Griggs@us.Army.Mil

SHIPPING METHOD			
Courier Service:	<input type="checkbox"/> FedEx	<input type="checkbox"/> World Courier	<input type="checkbox"/> Other (describe)
Airbill Number:			
Shipping Condition: (Check one)	<input type="checkbox"/> Room Temperature	<input type="checkbox"/> Cold Packs	<input type="checkbox"/> Dry Ice

SHIPPING DOCUMENTATION	
Courier Airbill present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Packing list(s) are attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

List other included documentations:

COMMENTS	

ACKNOWLEDGEMENT			
Packed By:	Signature:	Date:	
	Print:		
Shipped By:	Signature:	Date:	
	Print:		